

# Primary Resource Initiative for Missouri PRIMO

Health Care Delivery  
Systems Development

Recruitment and  
Retention

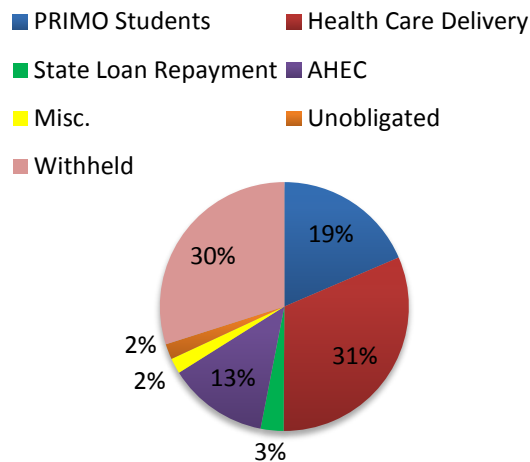
PRIMO Student Loans

Health Professional  
Loan Repayment

The Primary Care Resource Initiative for Missouri (PRIMO) was created in response to Section 191.411 RSMo, which requires the development and implementation of a plan to define a system of coordinated health care services available and accessible to all Missouri Citizens.

The Missouri Department of Health and Senior Services established PRIMO as a system of coordinated incentives and investments to increase the number of primary health care professionals and community-based health care delivery systems across the state.

## PRIMO FY 09 \$7,083,370\*



\*One-time funds of \$3.298 million, however \$2.2 million was not expended due to state budgetary shortfalls.

PRIMO increases access to essential, primary health care services for all Missourians to improve overall health and to reduce health care expenditures. PRIMO provides financial resources to community-based organizations to create new or to

expand existing primary medical, dental, and behavioral health services in underserved communities. PRIMO also provides health professional student loans, with a service obligation or forgiveness clause, for students pursuing careers as primary care physicians, dentists, dental hygienists, and nurse practitioners. Due to the increased recognition of the importance mental health plays on overall health the following behavioral health disciplines were added during the FY2008 legislative session: psychologists, psychiatrists, licensed clinical social workers, and licensed professional counselors.

## Health Care Delivery Systems Development

Health care delivery systems development is the assurance of economically sustainable systems that provide high quality, accessible, primary medical, dental and behavioral health services essential to the survival of communities. The services include an array of health services

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and care settings within a community that strives to prevent, treat and manage disease, injury and disability to benefit both the individual and the community. To assist in reaching this goal, PRIMO invests in communities throughout Missouri. This includes partnering directly with various statewide organizations, communities, Federally Qualified Health Centers (FQHC's) and academic institutions that focus on one or more of the following:

- ✓ Health care services that are community/citizen driven and evidence-based;
- ✓ Assure availability of and to access of medical, oral, behavioral, and public health services; and/or
- ✓ Citizens and community stakeholders are educated in health care needs and interact to sustain a high quality health care system structure.

PRIMO Office Visits*		
FY 2007	FY 2008	FY 2009
47,400	31,831	54,185

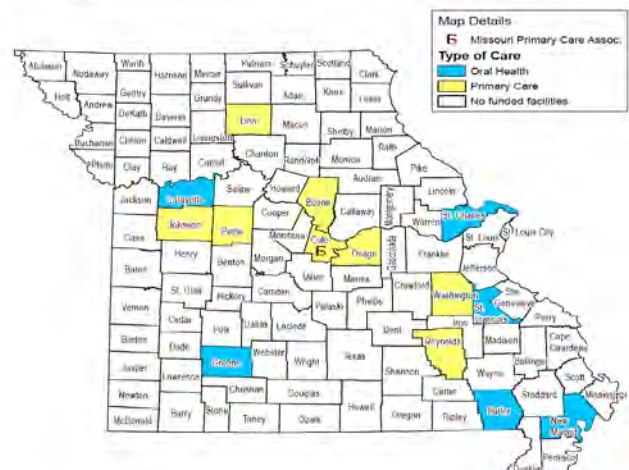
\*Clinic staffing levels vary from year to year due changes in contracts and contractors.

Investments made by the PRIMO program, to deliver primary health care services, are becoming increasingly important as unemployment rates rise and more individuals use the services of safety net providers. These clinics provide care to uninsured and underinsured and accept a sliding fee scale for payment of services. According to the Bureau of Labor Statistics, as of May 2009, there was an increase in unemployment in Missouri of 74,300; this is an unemployment rate of 9.0 percent. In state fiscal years 2008 and 2009, the PRIMO program invested \$3,833,235 in rural communities.

Community development throughout Missouri includes a broad range of health services and care settings that strive to prevent, treat and manage disease, injury and disability. As a result of this investment, access to care increased by 87,009 patient health encounters.



Funded Health Care Delivery Systems  
July 1, 2008 - March 31, 2009

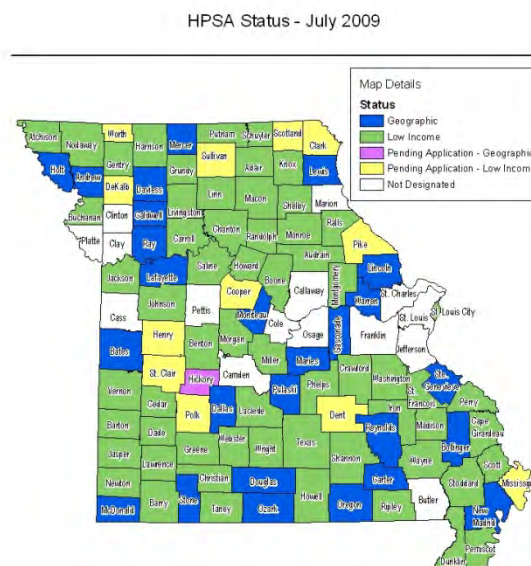


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PRIMO also partners to create evidence-based tools and modeling approaches that enhance health care delivery systems development. For instance, PRIMO partnered with the University of Missouri Kansas City School of Dentistry to develop the '*Population-Based Oral Health Preventive Services Model*.' The model is used for projecting both the need for oral health preventive services within a defined county/region and the oral health workforce needed to assure access and quality care. This information allows for the prediction of dental office visits necessary to treat geographically defined populations, counties, regions, etc. as well as project the need for oral health professionals such as: dentists, dental hygienists, and dental assistants.

In addition, the Missouri General Assembly approved funding to develop population-based models that identify current and future professional healthcare workforce needs, particularly for primary care and mental health professionals. These models are to be used to assess the needs for primary and preventive health care services for the state as a whole, as well as for individual cities and counties. These models will identify areas of need for investments of clinical development and clinician recruitment based on community health and economic indicators.

## Recruitment and Retention



Similar to the rest of the nation, Missouri is faced with many workforce issues. Factors affecting the workforce include Missouri's aging workforce, decreased numbers of professionals practicing in primary care and the quickly changing demographics of Missouri's population.

Recruiting and retaining health professionals poses many challenges.

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Working with state, private, and academic partners to address and identify specific needs across the state has proven to be very advantageous. Examples of partnering organizations include the Missouri Area Health Education Centers (MAHEC), the Missouri Primary Care Association (MPCA), and the Missouri Hospital Association (MHA) all have been critical in addressing specific elements of the primary care workforce shortage.

To facilitate early recruitment of students pursuing primary health care careers and establish clinical training opportunities in rural and underserved areas, MAHEC's established the AHEC Career Enhancement Scholars (ACES) Program. ACES offers three levels of one-on-one programs for students who wish to become a primary care provider or dentist in one of Missouri's underserved counties. Students may enroll at any stage in their training; however early enrollment provides the greatest continuity of experience. The first stage, ACES, is for high school students interested in pursuing a career in primary care medicine, nursing or dentistry. ACES Plus (+) is for undergraduate, pre-health professions students attending a Missouri College or University. ACES-Pro is for undergraduate or graduate level students and medical residents currently training in a clinical health professions program in a Missouri College, University or Residency.

ACES Participation			
	FY 2007	FY 2008	FY 2009
<b>High School Students-ACES</b>	241	253	230
<b>Health Professional Students-ACES+</b>	173	152	140

Building capacity in communities across the state by identifying, encouraging and providing financial support to individuals to pursue health care careers also has a direct impact on a community's ability to recruit and retain health care providers. PRIMO also assists in assuring there is a place for primary care professionals to practice upon completion of their education. PRIMO utilizes a number of mechanisms to assure recruitment and placement of health professionals in underserved Missouri communities. One of those methods is the utilization of the Practice Sites recruitment software to implement Missouri Provider Recruitment Services. In collaboration with the MPCA, providers are recruited in the fields of medicine, dental health, and mental health for underserved areas of Missouri. This entails maintaining a database of providers interested in practicing in underserved areas of Missouri and also working with healthcare facilities and identifying job opportunities. This service is unique to Missouri

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because it is available at no cost. The majority of states charge employers for similar programs. PRIMO Scholars, as well as other health care professionals, work directly with a professional recruitment and retention manager to find the practice site that is best suited for the professional and the community. This free service is made possible through a PRIMO contract with the MPCA.

## Practice Sights Opportunity & Placement Data State Fiscal Year 2007-2009

### Placement Data

Specialty	FY2007	FY2008	FY2009	TOTAL
Family Practice	6	6	1	13
Internal Medicine	0	0	1	1
OB/GYN	0	0	0	0
Pediatrician	3	0	2	5
Advanced Practice Nurse	0	1	1	2
Physician Assistant	0	0	0	0
Dental Hygiene	0	1	1	2
Dentist	3	10	6	19
Psychiatry	0	0	0	0
Other Mental Health Professional	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>18</b>	<b>12</b>	<b>42</b>

### Opportunity Data

Specialty	FY2007	FY2008	FY2009	TOTAL
Family Practice	22	11	109	142
Internal Medicine	13	10	27	50
OB/GYN	7	2	11	20
Advanced Practice Nurse	2	9	12	23
Physician Assistant	0	0	24	24
Dental Hygiene	0	0	3	3
Dentist	5	3	8	16
Psychiatry	13	13	26	52
Other Mental Health Professional	0	5	5	10
<b>TOTAL</b>	<b>62</b>	<b>53</b>	<b>235</b>	<b>350</b>

Positions not filled are carried over to the following fiscal year.

## PRIMO Student Loans

PRIMO supports students throughout the use of student loans. These loans can be repaid in one of two ways. PRIMO Scholars can either earn forgiveness of their loans or repay them through lump sum or monthly payments. Student loans benefit communities by reducing the resources that leave communities to pay for education in another community as well as provide assistance to individuals with the intent to pursue primary

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care medicine, nursing, dentistry, or dental hygiene careers. To be eligible for a PRIMO Student Loan, the applicant must be a Missouri resident attending a Missouri institution. Missouri residents are those who have lived in this state for more than one year for any purpose other than to attend an educational institution. Priority is also given to residents of underserved areas, minority persons, and previous recipients (PRIMO Scholars).

To be eligible for forgiveness, PRIMO Scholars work with DHSS and MPCA to select a location that meets the program's qualifications of an area of defined need. The number of **PRIMO** loans an individual receives determines the number of years needed to repay the debt through forgiveness. Forgiveness of PRIMO funding for less than five (5) years is be on a year-for-year basis. For those receiving funding for five (5) years or more, forgiveness will be earned at the rate of 20 percent (20%) per year. PRIMO Scholars are expected to work full-time in order to qualify for and earn forgiveness. Full-time is defined as providing primary care services (direct patient care) in an outpatient setting a minimum of 30 hours per week.

**PRIMO Student Loans FY 09**

	<b>Under-graduate</b>	<b>6 Yr Medical</b>	<b>Medical/Dental</b>	<b>Residency</b>	<b>TOTAL</b>
Medical	22	4	31	25	82
Dental	8	0	8	0	16
Dental Hygiene	3	0	0	0	3
<b>Total Scholars</b>	<b>33</b>	<b>4</b>	<b>39</b>	<b>25</b>	<b>101</b>

As of calendar year 2008, there were 285 PRIMO Scholars who had completed their obligation to the state. Of those, 66% repaid through service while the remaining 34% repaid monetarily. Cash repayment is not optimal as service to underserved communities is more desirable. However, cash repayments are returned to the program and utilized to support additional professionals. Of the 285 PRIMO Scholars, 86.67% are licensed to practice their health profession in Missouri. Physicians have the highest number of PRIMO Scholars who complete their obligation by forgiveness rather than cash repayment. Participation in PRIMO at this time is characterized by 80% medical, 9% dental and 11% nursing students.



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## Health Professional Loan Repayment

While there are several factors that influence the recruitment and retention of health care providers, the Missouri Office of Primary Care and Rural Health

(OPCRH) supports the belief that the best chance for finding and keeping rural health care practitioners, whether physicians, nurses, dentists or mental health care practitioners, is to “grow our own”. This mission is supported by improving and enhancing capacity in communities across the state to identify, encourage, and provide financial support to individuals from rural and underserved communities to pursue health care careers.

Loan Repayment Recipients	FY 2008	FY 2009	Total # of Services Provided in 2009
Physicians	3	2	8,400
Dentists	6	4	8,100
Nurses	19	6	*
<b>Total</b>	<b>28</b>	<b>12</b>	16,500 minimum

*\*Nurses are placed in a multitude of qualified employment locations. Therefore, it is not probable to obtain the number of services provided.*

The purpose of the Health Professional State Loan Repayment Program (SLRP) is to increase the access to and availability of primary health care services in Health Professional Shortage Areas (HPSAs), state-designated Areas of Defined Need and Medically Underserved Areas (MUAs) in Missouri. The loan repayment programs provide financial assistance to licensed health professionals to repay educational loans in exchange for medical, dental, nursing, nutrition, and behavioral health services in qualifying communities and facilities. This program also provides communities with the tools to recruit and retain health professionals and to strengthen health care delivery systems that might not otherwise successfully compete for those practitioners. Missouri has a great need for health professionals in 89 percent of the state in both geographical and low income HPSAs. These areas have a high percentage of Medicaid, Medicare and uninsured patients who have very little, if any, access to health care. Rural areas have fewer amenities to attract young new practitioners, making it a challenge to place health professionals in rural areas. The high costs associated with education and practice makes service to populations in need (e.g. Medicaid and uninsured poor) financially improbable.

The state has made available, through the PRIMO budget, non-federal contributions in cash toward contracts in an amount equal to, but not less than \$1 for each \$1 of federal funds provided through a grant with the Health Resources and Services Administration (HRSA). The result is providing a place for the professionals to practice upon completion of their education. During 2008 and 2009, the health professional incentive programs within the OPCRH placed 40 physicians, dentists, and nurse practitioners in underserved communities in Missouri. Funds provided to health professionals through the SLRP program,

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have enabled individuals in these areas of defined need to obtain a minimum of **16,500** health professional service encounters.

